

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	10					
TOTAL DEP.	25	←	←	←	←	
TOTAL CLAIMS	35					

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46	96		
47	97		
48	98		
49	99		
50	100		
TOTAL IND.			
TOTAL DEP.		←	←
TOTAL CLAIMS			←